Day Activity

<u>Definition:</u> Supports and services provided in therapeutic settings to enable participants to achieve, maintain, improve, or decelerate the loss of personal care, social or adaptive skills. Services are provided in non-residential settings that are licensed by the state. Community activities that originate from a facility licensed by the state will be provided and billed as Day Activity. On site attendance at the licensed facility is not required to receive services that originate from the facility.

Transportation will be provided from the participant's residence to the habilitation site when the service start time is before 12:00 Noon. Transportation will be available from the participant's habilitation site to their residence when the service start time is after 12:00 Noon. The cost for transportation is included in the rate paid to the provider.

Providers: Day Activity Services will only be provided in or originate from facilities licensed by SCDDSN as Day Facilities.

Conflict Free Case Management:

In order to honor choice and prevent conflicts of interest, providers of Waiver Case Management services must <u>not</u> provide any other waiver service to the same person. When there is a conflict, the WCM will help the participant understand why a conflict exists and offer a choice of either another WCM provider or another waiver service provider. The Case Manager must then transition the participant to the chosen provider within 60 days.

Arranging for the Service: When it is determined a participant needs can be met by receiving Day Activity, they should be given a choice of providers of this service and the offering of choice must be documented. The participant and/or his/her family/guardian should be provided with a listing of enrolled providers. If there is only one available choice then this must be explained to the participant and/or his/her legal guardian and documented.

The WCM must ensure that Day Activity services is included on the STS. To make this change proceed to the services menu on the STS (**SVMEN**). Enter the effective date and change the funding to Waiver ("**W**").

The individual's Support Plan must be updated to include Day Activity services. The Support Plan will be reviewed by the SCDDSN Waiver Administration Division. To initiate the service following approval by the Waiver Administration Division, an electronic authorization must be completed and submitted to the chosen provider. Ongoing Services must be authorized annually at the time of the Support Plan, and as changes are made to the service throughout the plan year. Day Activity must be Board-billed to the participant's SCDDSN Financial Manager agency. This must be indicated on the authorization.

For Day Activity, one unit equals one-half day as indicated by the participant's presence or absence as noted on the roll book.

<u>Monitoring the Services:</u> The WCM must monitor the effectiveness, frequency, duration, benefits, and usefulness of the service along with the participant's/family's satisfaction with the service. Monitoring may be completed with the participant, representative, service providers, or other relevant

entities. Information gathered during monitoring may lead to a change in the service, such as an increase/decrease in units authorized, change of provider, change to a more appropriate service, etc. DDSN recommends that the Waiver Case Manager monitors this service when it begins and as changes are made.

Monitoring must be conducted as frequently as necessary in order to ensure:

- the health, safety and well-being of the participant;
- the service adequately addresses the needs of the participant;
- the service is being furnished by the chosen provider in accordance with the authorization, relevant policies and quality expectations;
- the participant/representative is satisfied with their chosen provider/s.

Some items to consider during monitorship include:

- → Is the participant satisfied with his/her daily activity? Does the participant enjoy the work?
- → Is the participant satisfied with the provider of his/her service?
- → What type of training is the participant receiving? Is the participant satisfied with the training?
- → Are the training areas consistent with the participant's overall goals, wants and desires?
- → Is the participant making progress in training areas identified by goals and objectives? If not, are goals and objectives reviewed and amended as needed?
- → What is the participant's attendance?
- → What are the opportunities for choice given to the participant?
- → Does the participant feel comfortable with staff?

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Reduction, Suspension, or Termination of Services: If services are to be reduced, suspended, or terminated, a written notice must be forwarded to the participant or his/her legal guardian including the details regarding the change(s) in service, allowance for reconsideration, and a ten (10) calendar day waiting period before proceeding with the reduction, suspension, or termination of the waiver service(s). See Chapter 8 for specific details and procedures regarding written notification and the reconsideration process.